

SYSTEM AUTHORIZATION ACCESS REQUEST (SAAR)				
PRIVACY ACT STATEMENT				
AUTHORITY: Executive Order 10450, 9397; and Public Law 99-474, the Computer Fraud and Abuse Act. PRINCIPAL PURPOSE: To record names, signatures, and Social Security Numbers for the purpose of validating the trustworthiness of individuals requesting access to Department of Defense (DoD) systems and information. NOTE: Records may be maintained in both electronic and/or paper form. ROUTINE USES: None. DISCLOSURE: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.				
TYPE OF REQUEST <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> MODIFICATION <input type="checkbox"/> DEACTIVATE <input type="checkbox"/> USER ID _____			DATE (YYYYMMDD) 20051006	
SYSTEM NAME (Platform or Applications) ATAAPS			LOCATION (Physical Location of System) DISA-Oklahoma	
PART I (To be completed by Requestor)				
1. NAME (Last, First, Middle Initial) Public, Suzy Q.			2. SOCIAL SECURITY NUMBER 123-45-6789	
3. ORGANIZATION DoD/ FM		4. OFFICE SYMBOL/DEPARTMENT ABC		5. PHONE (DSN or Commercial) 333-4567
6. OFFICIAL E-MAIL ADDRESS Suzy.Public@fm.military.com			7. JOB TITLE AND GRADE/RANK Accounting Technician, GS-07	
8. OFFICIAL MAILING ADDRESS 1313 Mockingbird Lane Anywhere, KS 45612			9. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> FN <input type="checkbox"/> OTHER	
10. DESIGNATION OF PERSON <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR				
USER AGREEMENT I accept the responsibility for the information and DoD system to which I am granted access and will not exceed my authorized level of system access. I understand that my access may be revoked or terminated for non-compliance with DoD security policies. I accept responsibility to safeguard the information contained in these systems from unauthorized or inadvertent modification, disclosure, destruction, and use. I understand and accept that my use of the system may be monitored as part of managing the system, protecting against unauthorized access and verifying security problems. I agree to notify the appropriate organization that issued my account(s) when access is no longer required.				
IA TRAINING AND AWARENESS CERTIFICATION REQUIREMENTS (Complete as required for user or functional level access.) <input checked="" type="checkbox"/> I have completed Annual Information Awareness Training. DATE (YYYYMMDD) 20040115				
11. USER SIGNATURE (Your signature goes here)			12. DATE (YYYYMMDD) (current day)	
PART II - ENDORSEMENT OF ACCESS BY INFORMATION OWNER, USER SUPERVISOR OR GOVERNMENT SPONSOR (If individual is a contractor - provide company name, contract number, and date of contract expiration in Block 16.)				
13. JUSTIFICATION FOR ACCESS This is where you will specify your user level given the choices below. Level 1: Limited Database Administrator; Level 2: Super User; Level 3: Timekeeper; Level 4: Certifier; Level 5: Employee Also, list all UICs in this block you will need to gain access within the ATAAPS database.				
14. TYPE OF ACCESS REQUIRED: <input type="checkbox"/> AUTHORIZED <input checked="" type="checkbox"/> PRIVILEGED				
15. USER REQUIRES ACCESS TO: <input type="checkbox"/> UNCLASSIFIED <input type="checkbox"/> CLASSIFIED (Specify category) <input checked="" type="checkbox"/> OTHER Sensitive personnel data in time and attendance system.				
16. VERIFICATION OF NEED TO KNOW I certify that this user requires access as requested. <input type="checkbox"/>			16a. ACCESS EXPIRATION DATE (Contractors must specify Company Name, Contract Number, Expiration Date. Use Block 27 if needed.)	
17. SUPERVISOR'S NAME (Print Name) Jim Dandy		18. SUPERVISOR'S SIGNATURE		19. DATE (YYYYMMDD) current date
20. SUPERVISOR'S ORGANIZATION/DEPARTMENT DoD/FM		20a. SUPERVISOR'S E-MAIL ADDRESS Jim.dandy@fm.military.com		20b. PHONE NUMBER 333-7890
21. SIGNATURE OF INFORMATION OWNER/OPR Blank		21a. PHONE NUMBER Blank		21b. DATE (YYYYMMDD) Blank
22. SIGNATURE OF IAO OR APPOINTEE Blank		23. ORGANIZATION/DEPARTMENT Blank	24. PHONE NUMBER Blank	25. DATE (YYYYMMDD) Blank

26a. NAME <i>(Last, First, Middle Initial)</i> Public, Suzy Q.		26b. SOCIAL SECURITY NUMBER 123-45-6789	
27. OPTIONAL INFORMATION <i>(Additional information)</i>			
<p>PART III - SECURITY MANAGER VALIDATES THE BACKGROUND INVESTIGATION OR CLEARANCE INFORMATION</p>			
28. TYPE OF INVESTIGATION NACI		28a. DATE OF INVESTIGATION <i>(YYYYMMDD)</i> 20051001	
28b. CLEARANCE LEVEL Secret		28c. IT LEVEL DESIGNATION <input checked="" type="checkbox"/> LEVEL I <input type="checkbox"/> LEVEL II <input type="checkbox"/> LEVEL III	
29. VERIFIED BY <i>(Print name)</i> printed name of your security mng.	30. SECURITY MANAGER TELEPHONE NUMBER	31. SECURITY MANAGER SIGNATURE Signature of security manager here	32. DATE <i>(YYYYMMDD)</i> current date
<p>PART IV - COMPLETION BY AUTHORIZED STAFF PREPARING ACCOUNT INFORMATION</p>			
TITLE:	SYSTEM ATAAPS	ACCOUNT CODE	
	DOMAIN		
	SERVER		
	APPLICATION		
	DIRECTORIES		
	FILES		
	DATASETS		
DATE PROCESSED <i>(YYYYMMDD)</i>	PROCESSED BY <i>(Print name and sign)</i>	DATE <i>(YYYYMMDD)</i>	
DATE REVALIDATED <i>(YYYYMMDD)</i>	REVALIDATED BY <i>(Print name and sign)</i>	DATE <i>(YYYYMMDD)</i>	